

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

12/586996

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	1		1			
4	1		1			
5		1		1		
6		2		1		
7		0		1		
8		0		1		
9		0		1		
10		0		1		
11	1		1			
12		1		1		
13	1		1			
14		1		1		
15		1		1		
16		5		1		
17	1		1			
18	1		1			
19		1		1		
20		3		1		
21		0		1		
22		2		1		
23	1		1			
24	1		1			
25		0		1		
26		0		1		
27		0		1		
28		0		1		
29		0		1		
30		0		1		
31		0		1		
32	1		1			
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37	1		1			
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50						
TOTAL IND.	15	↓	15	↓		↓
TOTAL DEP.	30	←	22	←		←
TOTAL CLAIMS	45		37			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						